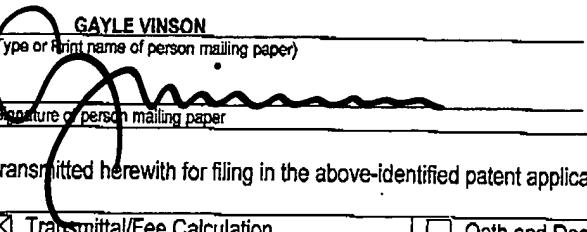


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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
**UTILITY PATENT APPLICATION TRANSMITTAL**

<b>CERTIFICATION UNDER 37 CFR 1.10</b> I hereby certify that on March 30, 2004 this document and all listed attachments are being deposited with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee" mailing Label Number EU 725 247 684 US addressed to the Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		<b>Attorney Docket No. 0179.0047</b> <b>First Inventor: Dana BLAIR</b> <b>Title: PIGMENTED PANEL ASSEMBLY</b>  <b>Mail Stop Patent Application</b> <b>Commissioner for Patents</b> <b>P.O. Box 1450</b> <b>Alexandria, VA 22313-1450</b>
 <b>GAYLE VINSON</b> <small>(Type or Print name of person mailing paper)</small>  <small>(Signature of person mailing paper)</small>		

Transmitted herewith for filing in the above-identified patent application are:

<input checked="" type="checkbox"/> Transmittal/Fee Calculation	<input type="checkbox"/> Oath and Declaration	<input type="checkbox"/> Copies of IDS References
<input checked="" type="checkbox"/> Application Data Sheet	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Sequence Listing
<input checked="" type="checkbox"/> Specification [Total Pages 16]	<input type="checkbox"/> Assignment (Incl. Cover Sheet)	<input type="checkbox"/> Computer-Readable Copy
<input checked="" type="checkbox"/> Drawings [Total Sheets 2]	<input type="checkbox"/> Information Disclosure Statement	<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FEE CALCULATION:** The filing fee has been calculated as shown below:

For	Claims Filed	No. Extra	Small Entity Rate	Small Entity Fee	Standard Rate	Standard Fee
<b>Basic Fee</b>				<b>\$385.00</b>		<b>\$770.00 ..</b>
<b>Total Claims</b>	33 - 20 =	13	x \$ 9.00		x \$ 18.00	234.00
<b>Independent Claims</b>	3 - 3 =	0	x \$ 43.00		x \$ 86.00	0.00
<input type="checkbox"/> Multiple Dependent Claims Presented			+ \$145.00		+ \$290.00	0.00
			<b>Total</b>		<b>Total</b>	<b>1004.00</b>

**METHOD OF PAYMENT**

The Commissioner is hereby authorized to charge deficiency in indicated fees and credit any overpayments to:

Deposit Account No.

Charge any additional fees Required Under 37 CFR 1.16 and 1.17

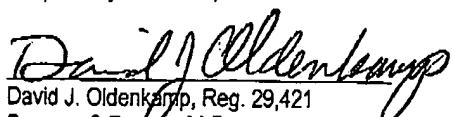
Deposit Account Name

Applicant claims small entity status 37 CFR 1.27

Payment Enclosed:

Check  Credit Card  Money Order  Other

Respectfully submitted,



David J. Oldenkamp, Reg. 29,421  
**SHAPIRO & DURGENT LLP**  
233 Wilshire Boulevard, Suite 700  
Santa Monica, California 90401  
(310) 319-5411 (Telephone)  
(310) 319-5401 (Facsimile)

Dated: March 30, 2004

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